

1.) CORPORATION NAME:

LORAM MAINTENANCE OF WAY INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL CORPORATE RESEARCH LTD 250 BROWNS HILL COURT MIDLOTHIAN, VA 23114**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MN

DUE DATE: **1/31/2012**

SCC ID NO: **F0300832**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000
PREFNV	100,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3900 ARROWHEAD DRIVE, PO BOX 188

CITY/ST/ZIP: HAMEL, MN 55340-9529

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: P. J. HOMAN
TITLE: P/CEO
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-9529

OFFICER DIRECTOR

NAME: D. D. CHERREY
TITLE: VP/CFO
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-9529

OFFICER DIRECTOR

NAME: D. H. ISDAHL
TITLE: VP-SEE IMAGE
ADDRESS: 3900 ARROWHEAD DR
CITY/ST/ZIP/CO: HAMEL, MN 55340-9529

OFFICER DIRECTOR

NAME: J. M. CARLIN
TITLE: VP-OEM SALES
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-9529

OFFICER DIRECTOR

NAME: T. F. DEJOSEPH
TITLE: VP-MARKETING
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-9529

OFFICER DIRECTOR

NAME: R. C. CARLSON TITLE: SECRETARY ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: J. H. PERKINS TITLE: VP-FLEET OPER. ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: H. VANAKI TITLE: VP-ENGINEERING ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: A. L. SETTERLUND TITLE: VP-HUMAN RESOUR ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: J. K. AMUNDRUD TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: R. N. MANNIX TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: L. W. SHELLEY TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: P V WILSON TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ D. D. CHERREY	D. D. CHERREY, VP/CFO	1/30/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.